



Patent Application
Attorney's Docket No. 032904-001

#9/B
8-29-03
[Signature]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Einar STEFANSSON) Group Art Unit: 1614
Application No.: 09/925,659) Examiner: Zohreh A. Fay
Filed: August 10, 2001) Confirmation No.: 4462
For: METHOD FOR THE PREVENTION)
AND TREATMENT OF)
RETINOPATHY)

RECEIVED

AUG 19 2003

REPLY AND AMENDMENT

TECH CENTER 1600/2900

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed April 17, 2003, please amend the above-identified application as follows:

08/18/2003 SSESHE1 00000061 09925659
01 FC:1202 432.00 DP

1614#



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AMENDMENT/REPLY TRANSMITTAL LETTER

TECH CENTER 1600/2900

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.
- ☐ Also enclosed is/are _____
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$375.00 (2801) ☐ \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- ☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.
- ☐ Applicant(s) requests suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- ☐ No additional claim fee is required.
- ☒ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'L FEE
Total Claims	50	MINUS 26 =	24	× \$18.00 (1202) =	\$432.00
Independent Claims	2	MINUS 3 =	0	× \$84.00 (1201) =	0.00
If Amendment adds multiple dependent claims, add \$280.00 (1203)					0.00
Total Claim Amendment Fee					\$432.00
If small entity status is claimed, subtract 50% of Total Claim Amendment Fee					0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$432.00

☒ A total fee in the amount of \$ 432.00 is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: August 15, 2003

By: Mary Katherine Baumeister
Mary Katherine Baumeister
Registration No. 26,254

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